

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

ROB MELLON FOR CONGRESS

ADDRESS (number and street)

325 CAROL CT

Check if different  
than previously  
reported. (ACC)

QUINCY

IL

62305

2. FEC IDENTIFICATION NUMBER ▼

C

C00582460

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

IL

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

09

D D / Y Y Y Y

30

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PATTI MELLON

Signature of Treasurer

PATTI MELLON

[Electronically Filed]

Date

M M / D D / Y Y Y Y

08

D D / Y Y Y Y

10

Y Y Y Y

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**ROB MELLON FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10769.00	10769.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	10769.00	10769.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9503.50	9503.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	9503.50	9503.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1265.50	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 14

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**ROB MELLON FOR CONGRESS**

Report Covering the Period: From:   /   /   To:   /   /

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> (date of general election)	COLUMN C Total for <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> (date after general election)  through <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="10469.00"/>	<input type="text" value="10469.00"/>
(ii) Unitemized	<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
(iii) Total of contributions from individuals	<input type="text" value="10769.00"/>	<input type="text" value="10769.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 14

<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
10769.00	10769.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
10769.00	10769.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 14

Write or Type Committee Name

**ROB MELLON FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2015

To:

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015**II. DISBURSEMENTS**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
9503.50	9503.50	0.00
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

## Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 14

<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

0.00

0.00

**21. OTHER DISBURSEMENTS**

0.00

0.00

0.00

**22. TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d) and 21)

9503.50

9503.50

0.00

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

10769.00

10769.00

0.00

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

9503.50

9503.50

0.00

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

0.00

10769.00

10769.00

9503.50

1265.50

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ROB MELLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ADAMS COUNTY DEMOCRATS****A.**

Mailing Address 225 PARK PLAZA

City

QUINCY

State

IL

Zip Code

62305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		17		2015

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**PETER BRINKMAN****B.**

Mailing Address 102 CLAY COURT

City

THOUSAND OAKS

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BANK OF AMERICA

LOAN OFFICER

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**BUILDING AND CONSTRUCTION TRADES****C.**

Mailing Address 815 16TH ST NW

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		01		2015

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**ROB MELLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**FUNDRAISER****A.**

Mailing Address 325 CAROL CT

City

QUIUNCY

State

IL

Zip Code

62305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☐ Primary☐ General☒ Other (specify)

Special-General

Election Cycle-to-Date

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.4119**

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

**FUNDRAISER****B.**

Mailing Address 325 CAROL CT

City

QUIUNCY

State

IL

Zip Code

62305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☐ Primary☐ General☒ Other (specify)

Special-General

Election Cycle-to-Date

1225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2015

**Transaction ID : SA11AI.4121**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**VERNE HAGSTROM****C.**

Mailing Address 225 PARK PLAZA

City

QUINCY

State

IL

Zip Code

62305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2015

☐ Primary☐ General☒ Other (specify)

Special-General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

**Transaction ID : SA11AI.4104**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1725.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**ROB MELLON FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>IBEW</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		04		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
08		04		2015									
Mailing Address 900 7TH ST NW		<b>Transaction ID : SA11AI.4124</b>											
City WASHINGTON	State DE	Zip Code 20001											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00											
Name of Employer  	Occupation  												
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 2000.00												

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MAURINE MAGLIOCCO</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		04		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
08		04		2015									
Mailing Address 2204 DISAR DR		<b>Transaction ID : SA11AI.4102</b>											
City SPRINGFIELD	State IL	Zip Code 62711											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00											
Name of Employer RETIRED	Occupation RETIRED												
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 5000.00												

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>SHIRLEY MCCOMBS</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		25		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		25		2015									
Mailing Address 12412 SMITH AVE		<b>Transaction ID : SA11AI.4108</b>											
City PETERSBURG	State IL	Zip Code 62675											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 244.00											
Name of Employer RETIRED	Occupation RETIRED												
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 244.00												

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....		7244.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**ROB MELLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BRADFORD SHEPLEY**

Mailing Address 513 COUNTY RD 1915 E

City

SECOR

State

IL

Zip Code

61771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

200.00

10469.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**ROB MELLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ETC**

Mailing Address 3206 KOCHS LANE

City	State	Zip Code
QUINCY	IL	62305

Purpose of Disbursement

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-General

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2015

Amount of Each Disbursement this Period

900.00
--------

Transaction ID : SB17.4126

**B. FRYE-WILLIAMSON**

Mailing Address PO BOX 1057

City	State	Zip Code
SPRINGFIELD	IL	62705

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-General

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

52.00
-------

Transaction ID : SB17.4150

**C. FRYE-WILLIAMSON**

Mailing Address PO BOX 1057

City	State	Zip Code
SPRINGFIELD	IL	62705

Purpose of Disbursement

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-General

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2015

Amount of Each Disbursement this Period

192.00
--------

Transaction ID : SB17.4149

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1144.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**ROB MELLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MCDONOUGH VOICE**

Mailing Address 26 W SIDE SQUARE

City	State	Zip Code
MACOMB	IL	61455

Purpose of Disbursement

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-Primary

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4135

**B. PC SIGNS**

Mailing Address 2534 COMMERCE BLVD

City	State	Zip Code
CINCINNATI	OH	45241

Purpose of Disbursement

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-Primary

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2015

Amount of Each Disbursement this Period

1200.00
---------

Transaction ID : SB17.4139

**C. PC SIGNS**

Mailing Address 2534 COMMERCE BLVD

City	State	Zip Code
CINCINNATI	OH	45241

Purpose of Disbursement

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-General

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2015

Amount of Each Disbursement this Period

4060.00
---------

Transaction ID : SB17.4142

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5560.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**ROB MELLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ROBOCALLS**

Mailing Address 325 CAROL CT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

City	State	Zip Code
QUINCY	IL	62305

Amount of Each Disbursement this Period

230.00
--------

Purpose of Disbursement

004

**Transaction ID : SB17.4133**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-General

State:

District:

Full Name (Last, First, Middle Initial)

**B. TED'S SHIRT SHACK**

Mailing Address 2811 BLUFF RIDGE DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2015

City	State	Zip Code
QUINCY	IL	62305

Amount of Each Disbursement this Period

499.50
--------

Purpose of Disbursement

004

**Transaction ID : SB17.4143**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-Primary

State:

District:

Full Name (Last, First, Middle Initial)

**C. TED'S SHIRT SHACK**

Mailing Address 2811 BLUFF RIDGE DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2015

City	State	Zip Code
QUINCY	IL	62305

Amount of Each Disbursement this Period

440.00
--------

Purpose of Disbursement

004

**Transaction ID : SB17.4145**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-General

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1169.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**ROB MELLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. TRANSPORTATION**

Mailing Address 325 CAROL CT

City	State	Zip Code
QUINCY	IL	62305

Purpose of Disbursement

002

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Special-General

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4153

**B. VOTEBUILDER**

Mailing Address PO BOX 518

City	State	Zip Code
SPRINGFILED	IL	62705

Purpose of Disbursement

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Special-Primary

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 01 / 2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4130

**C. VOTEBUILDER**

Mailing Address PO BOX 518

City	State	Zip Code
SPRINGFILED	IL	62705

Purpose of Disbursement

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Special-General

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 10 / 2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4132

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

8873.50